
* PLEASE VERIFY THE INFORMATION ON THIS FORM AND MAKE ANY CORRECTIONS THAT *
* ARE NECESSARY. THE FORM MUST BE SIGNED, NOTARIZED AND RETURNED WITH THE *
* LICENSE FEE TO:

* WAREHOUSE DEPARTMENT *

*

*

*

*

*

*

*

*

*

*

* PHONE: (402) 471-3101 FAX: (402) 471-0254 *

* NEBRASKA HOT LINE: 1-800-526-0017 *

* WEBSITE: WWW.PSC.STATE.NE.US *

*

* LICENSE FEE: *

*

APPLICATION FOR PUBLIC GRAIN WAREHOUSE LICENSE

UNDER THE NEBRASKA GRAIN WAREHOUSE ACT

LICENSE PERIOD: through

LICENSE NUMBER:

1. APPLICANT:
2. FEDERAL IDENTIFICATION NUMBER:
3. MAILING ADDRESS:
4. TELEPHONE NUMBER: FA
5. WAREHOUSE LOCATIONS: UGSA: LEGAL NAME:
6. CORPORATE OFFICERS or PARTNERS/MEMBERS:

7. MANAGER;

8. PRIMARY PARTY: SSN:

9. ADDITIONAL INDIVIDUALS AUTHORIZED TO SIGN WAREHOUSE RECORDS:

10.	SECURITY ON FILE:	REQUIRED:	FILED:
	TYPE ISSUED BY		AMOUNT

APPLICANT:
GRAIN WAREHOUSE LICENSE APPLICATION - PAGE 2

11. STOCK INSURANCE ON FILE:
ISSUED BY

POLICY NUMBER

EXPIRATION

12. GRAIN STORAGE AND HANDLING RATES:

COMMODITY EFFECTIVE HANDLING STORAGE CONDITIONS

Under penalty of perjury, I declare that I am an officer* of the afore-mentioned applicant. I am authorized to sign on behalf of the applicant. I have examined the information on this application and all attachments and, to the best of my knowledge and belief, it is true and correct.

BY: _____

TITLE: _____

STATE OF _____

COUNTY OF _____

Signed and sworn to before me this _____ day of _____, _____.

(Notary Public)

*Signatures of other than Corporate Officers will not be accepted unless a current resolution from the Board of Directors is on file in our office or is attached.

* FOR NPSC USE ONLY *

* DEPOSIT: COMPUTER UPDATE: _____ BY: _____ *
* APPROVED BY: _____ DATE: _____ *
